



# Camps Site Eligibility and Operations Requirements

Virginia Department of Health

2015



## Module 2: Camp Sites



### Camp Sites

Camps can be residential or nonresidential day camps that offer regularly scheduled food service as part of an organized program for enrolled children.

# Module 2: Camp Sites

## Objectives

- Identify who is eligible to participate
- Determine the required documentation needed to qualify as a Camp site
- Understand other Camp site requirements



# Module 2: Camp Sites

## Participant Eligibility

**Eligible participants in the SFSP include the following:**

- **Children 18 years of age or younger**
- **Persons 19 years of age or older** who have a mental or physical disability and who participate during the school year in a public or private non-profit school program for people with mental or physical disabilities.
- **Foster Children**

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There are two types of camps:

- **Residential where children stay overnight at the camp**
- **Nonresidential where children attend during the day**
  - Sponsors must offer a continuous schedule of programs with organized cultural and/or recreational activities for enrolled children between meal service.

# Module 2: Camp Sites

## Sponsors of Camps

The following are highlights for camps:

- Do not have to establish area eligibility
- Must collect and maintain current individual income eligibility forms for each child
- Are only reimbursed for those enrolled children who meet the free or reduced price meal eligibility standards

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### Income Eligibility Application Form

There are three ways to qualify for free meals utilizing the Income Eligibility Application Form.



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## Income Eligibility Application Form

**PART 1 – Categorical** – for households qualifying for federal or state benefits



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## Income Eligibility Application Form

The following federal or state programs categorically qualify participants for free meals:

- **SNAP** – Supplemental Nutrition Assistance Program (Food Stamps)
- **FDPIR** – Food Distribution Program on Indian Reservations
- **TANF** – Temporary Assistance for Needy Families

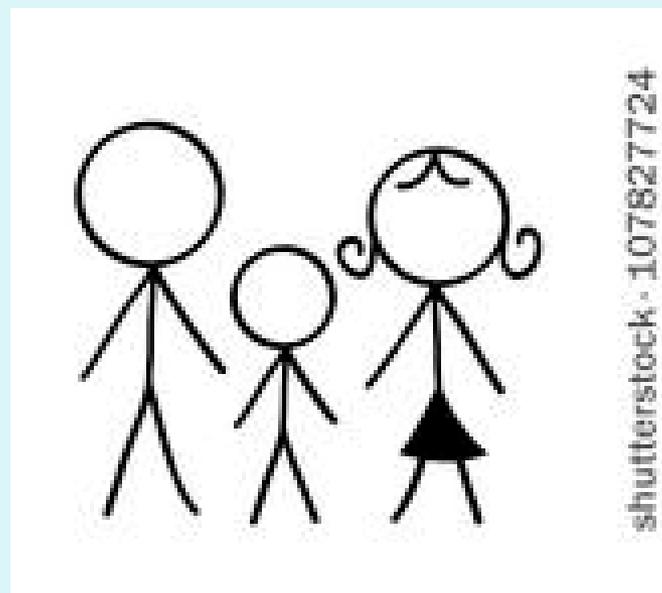
**NOTE:** all SNAP and TANF case number are 7 digits



## Module 2: Camp Sites

### Income Eligibility Application Form

**PART 2 – Foster Child** – is eligible regardless of his/her personal use income



# Module 2: Camp Sites

## Income Eligibility Application Form

**PART 3 – Income Eligibility** – gross total income of all household members that is compared to the federal income eligibility guidelines.



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## Income Eligibility Application Form

For those participants that are not categorically eligible, the sponsors must obtain the family size and income. The application *must* include:

- Names of all household members
- Participating child's name
- Current monthly gross income received by each household member
- Last four digits of the Social Security Number
- Signature and date on Part 3 of the eligibility form

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## Income Eligibility Application Form

### Application process Part 1

- Print the last name, first name, and middle initial of the participant
- For families that have more than one child attending the program, list each child.

<b>Part 1. Children enrolled in Camp or Closed Enrolled Sites.</b>
Names (First, Middle Initial, Last)

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## Income Eligibility Application Form

### Application process Part 1

- **List the current SNAP, TANF, or FDPIR Case # for the child** (NOTE: SNAP and TANF number are 7 digits)
- **Skip to Part 4**

Part 1. Children enrolled in Camp or Closed Enrolled Sites.	
Names (First, Middle Initial, Last)	SNAP, TANF or FDPIR case # (if any). Skip to Part 4 if you listed a case #.

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## Income Eligibility Application Form

### Application process Part 2

- **A Foster Child is categorically eligible as FREE**; however if there are other children in the household who are not foster children, those children will need to qualify based on household income [Part 3] unless they have a SNAP or TANF case number [Part 1].
- **Skip to Part 4**

#### Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact **[name of Sponsor]** at **[phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP, TANF or FDPIR case number in Part 1.

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## Income Eligibility Application Form

### Application process Part 3

Part 3. Total Household Gross Income—You must tell us how much and how often					
A. Name (List <b>everyone</b> in household, including children)	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
<i>(Example) Jane Smith</i>	\$200/weekly	\$150/weekly	\$100/monthly	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
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## Income Eligibility Application Form

### Application process Part 3

- **List all household members** including children, regardless of whether or not they have income; if no income, check the applicable box under Column C.
- **Indicate the amount and the frequency of pay** [monthly, weekly, etc.] by source [work, welfare, child support, SS, retirement, etc.) from each household member received last month. This income is the amount before taxes or any other deductions.
- **Skip to Part 4**

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## Income Eligibility Application Form

### Application process Part 4

#### Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last four digits of Social Security Number: \_ \_ \_ \_  I do not have a Social Security Number

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## Income Eligibility Application Form

### Application process Part 4

- All eligibility forms must have the signature of an adult household member.
- The signature is certifying that all of the information on the application is true and correct.
- The adult household member who signs the statement must include the last four digits of his/her Social Security Number (SSN) unless Part 1 is completed or s/he does not have a SSN.
- If s/he does not have a SSN, then the box must be checked or the word *NONE* is written.

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## Income Eligibility Application Form

### Application process Part 5

- The racial and ethnic identity section is optional for participants to complete.
- Participants are not required to provide information in this part to receive meal benefits.
- The requested information is for statistical purposes only.

Part 5. Participant's ethnic and racial identities (optional)		
Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

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## Income Eligibility Application Form

Application Process Final Step –

### Certification of Eligibility

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year

Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Income Eligibility Application Form

### Certification of Eligibility based on Parts 1 or 2

- The agency representative must complete this section of the IEF to complete the certification of eligibility process.
- Categorical Eligibility: The agency representative will mark this box if the child qualified based on SNAP/TANF or is a Foster Child
- Reason: The agency representative will describe the reason (TANF/SNAP or Foster Child) for being eligible.
- Official's Signature(s): The agency representative will mark the appropriate box for the eligibility outcome, and will sign and date the IEF once the eligibility has been determined.

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## Income Eligibility Application Form

### Certification of Eligibility based on Part 3

- The agency representative must complete this section of the IEF to complete the certification of eligibility process.
- **Household size:** Enter the total number of members in the household
- **Total Income:** Enter the total household income and applicable frequency
- **Eligibility:** Compare the household size and income to the federal income eligibility guidelines chart for the current year. If the household income is at or below the dollar amount on the chart, the child is eligible to receive free meals
- **Official's Signature(s)** The agency representative will mark the appropriate box for the eligibility outcome, and will sign and date the IEF once the eligibility has been determined.

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### Eligibility for Reimbursement

Eligibility must be determined **before** submitting a claim for reimbursement.

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## Eligibility for Reimbursement

### NOTE:

Camp sites must qualify each participant by income eligibility or the sponsor cannot claim the meals.

Sponsors must have documentation of individual eligibility (i.e., original income eligibility form, Upward Bound applications, Migrant certification)



# Module 2: Camp Sites

## Health Department Notification

**Before beginning a meal service, sponsors must notify their local health department to their intent to serve meals to children. The notification must be in writing and include the following:**

- Meal service location(s)
- Meal service type(s)
- Start and end date(s)
- Start and end time(s)